Augusta-Richmond County License Department

BUSINESS TAX RETURN

COUNTY OF RICHMOND, BUSINESS TAX DIVISION Calendar Year **2014**

PO Box 9270 Augusta, GA 30916-9270 Phone: 706-312-5050

FAX # 7	06-312-4277 or 706	3-312-5037					FOR B	USINESS LICE	ENSE OFFICE	USE ONLY	Interviewed
Report (Change in Location/	Mailing Address Promptly to Busines	ss Tax Divisior	1			Zoning		Map & Parcel		Ву:
Please ⁻	Type or Print with B	all Point Pen					Account #	# of Decals	Tax Class	SIC Code	Approved By:
Comple	te all spaces as the	y relate to County Activity		Month	Day	Year	YEARL	Y TOTAL GROSS	RECEIPTS (EVE	N DOLLARS)	# 05
Circle One	Renewal Amended	Started New Business	Date				Professionals	\$ Professionals and certain practitioners have the option of paper practitioner in lieu of reporting gross receipts. Check with		 ption of paying \$400	# of Employees:
	New Final	Sold or Closed Business	Date					of in lieu of reporting Office to determing			
Busines	ss Name		Busine	ss Location -	- Street A	ddress (N	ot P.O. Box)		City, State		Zip Code
Mailing Information Name			Address - S	Address - Street or P.O. Box				City, State		Zip Code	
Previous Business Name and Location Name				Street – Not P.O. Box				City, State		Zip Code	
Circle One	Partnership Sole Ownership Corporation	Principal Office, Corporate Name		Street or P.O. Box					City, State		Zip Code
for Serv	icer, Agent or Attorney Service of Business airs in County			Street o	Street or P.O. Box				City, State		Zip Code
	f Owner(s) & nce Address	Name SSN (Last 4 digits)		Street	or P.O. B	ox			City, State		Zip Code
Officer Title		Name			Street or P.O. Box				City, State		Zip Code
		SSN									
Officer Title		Name			Street or P.O. Box				City, State		Zip Code
		SSN									
Officer Title		Name			Street or P.O. Box				City, State		Zip Code
		SSN									
	TCATION: The info	rmation herein as required by Richm	ond County	New St	ructure (Y or N)	Existing Buildi	ing (Y or N)			
,		(Title) do hereby register to operate said b	ousiness with	E-mail	Addres	S					
dominar	nt business activity	(explain type of business)		duly au	thorized b	y the busin		ed to file this return		ersigned, certify that I companying schedule	
Phone:	(Bus) () Number	- (Res) () Federal ID Number		Applica	ant Signa	ture				Date	

Systematic Alien Verification for Entitlements (SAVE) Affidavit

Affidavit Verifying Status for Augusta, Georgia Public benefit Application with License and Inspection Division Pursuant to O.C.G.A. §50-36-1 (e) (2)

By executing this affidavit under oat	h, as an applica	nt for: (check all that apply)	
Augusta, Georgia Business LAlcohol LicenseTaxi Permit	icense or Georg	gia Occupational Tax Certificate	
	ng	as referenced in O.C.G.A. §50-36-1	
From Augusta, Georgia, the undersigner a public benefit:	gned applicant v	verifies one of the following with respect to m	y application
1) I am a United States cit	tizen		
2) I am a legal permanent	resident of the	United States.	
		nt under the Federal Immigration and Nationa eland Security or other federal immigration ag	
My alien number is issuagency is:		artment of Homeland Security or other federal	immigration
		he or she is 18 years of age or older and has p d by O.C.G.A. §50-36-1 (e) (1), with this affic	
makes a false, fictitious, or frauduler	nt statement or r	derstand that any person who knowingly and representation in an affidavit shall be guilty of as as allowed by such criminal statute.	•
Executed in	(city),	(state)	
Business Name			-
		Business License Number Required	
		Signature of Applicant	
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF, 20		Printed Name of Applicant	
NOTARY PUBLIC			

My Commission Expires:

E-VERIFY AFFIDAVIT

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

	By executing th		ml 4 mm - 4 mm 4 l ft - m	to an athen de	` /		
	[business license	z, occupation	ai iax certijica	ie, or oiner aoc	cument requir	ed to operate	a business
	as referenced in	O.C.G.A. § 3	36-60-6(d), from	nAugus	sta-Richmon	nd County	
	[name of county	or municipa	al corporation	, the undersign	ned applicant	representing	the private
	employer know	n as				[printed	l name o
	private employe	r] verifies of	ne of the follo	wing with resp	pect to my a	pplication for	the above
	mentioned document	nent:					
1.	Only fill out thi	s sootion if t	ha annuant dat	. i b . f .		012 5 1 4 0	
1.		s section if the	st of the below	e is on or bein	re June 30, 2	U13. Select U	nly One.
	(u) er	nnloved one	hundred (100)	or more emp	the marviou	ai, IIIII, or c	orporation
	ni ni	lease fill out!	Section 3 below	, or more emp	loyees. If the	employer sel	eciea 1(a,
	(b)O	n January 1	of the below	v sioned vear	the individu	al firm or o	ornoration
	er	nployed less	than one hundi	ed (100) emplo	ovees.	ai, ililii, oi C	or por actor
					•		
2.	. Only fill out this	section if th	e current date	e is on or after	July 1, 2013	. Select Only	One.
	(a) O	n January 1°	" of the below	v signed year	the individua	al, firm, or c	orporation
	en	aployed more	e than ten (10)	employees. If	the employer	selected 2(a)	please fill
		t Section 3 b					
	(b)O	n January 1°	of the below	signed year	the individua	al, firm, or co	orporation
	CI	ipioyed ten (10) or fewer en	npioyees.			
3.	The employer h	as registered	d with and uti	lizes the feder	ral work ant	horization pr	noram in
3.		as registered the applica	d with and uti	lizes the feder	ral work aut	horization pr	ogram in
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